

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 1462
Registrar's No. 422

Registration District No. 399

Primary Registration District No. 1002

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: K. C. General Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 20 yrs (Specify whether)
In this community 20 yrs years, months or days

3. (a) PRINT FULL NAME Cravens, George Washington

3. (b) If veteran, name war no 3. (c) Social Security No. no

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Katie Cravens 6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased June 24-1866 (Month) (Day) (Year)

8. AGE: Years 74 Months 7 Days 0 If less than one day ✓ hr. ✓ min.

9. Birthplace Ohio (City, town, or county) (State or foreign country)

10. Usual occupation Gracener

11. Industry or business Gracener

12. Name G. H. Cravens

13. Birthplace Unknown (City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Mr. Katie Cravens

(b) Address 1421 Holmes

17. (a) Buried (b) Date thereof Jan. 28-41 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Old Chandler Cem

18. (a) Signature of funeral director A. P. Doehler

(b) Address 1415 East 15

19. (a) Jan 28 1941 (b) M. H. Crowe (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48
(c) City or town Kansas City (If outside city or town limits, write "RURAL") 8
(d) Street No. 1421 Holmes St. (If rural, give location) 0
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 24th year 1941 hour 9 minute 15 P. M.

21. I hereby certify that I attended the deceased from 1-22-41 19____, to 1-24-41 19____; that I last saw him alive on 1-24-41 19____ and that death occurred on the date and hour stated above.

Immediate cause of death Ascending pyelonephritis with terminal uremia

Due to Hypertrophy of prostate with urinary retention, bilateral

Due to 137A
Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (c) Means of injury 0

23. Signature May R. Thore (M. D. or other) 0
Address Med. Dir. K. C. Gen. Hospital, K. C. Mo. Date signed _____

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.